

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

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| NAME (Last, First, Middle) Hanabusa, Colleen, Wakako | STATE POSITION HELD: (Dept/Div or Board/Commission) State Senator TERM OF OFFICE (Begin/End): 11/03/04 / 11/04/08 |
|--|--|

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
 USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

| F,SP,DC,JT | NAME AND ADDRESS OF SOURCE OF INCOME | AMOUNT | SERVICES RENDERED |
|------------|---|--------|-------------------------|
| F | Colleen Hanabusa, ALLLC 1157 Fort Street Mall, Honolulu, HI 96813 | F | Attorney/Member managed |
| F | State of Hawaii 415 S. Beretania St., #415, Honolulu, HI 96813 | D | State Senator |
| F | Hanabusa Limited Partnership 1157 Fort Street Mall, Honolulu, HI 96813 | B | Distributive share |
| F | Lenakoa Development, Ltd. P.O. Box 90779, Honolulu, HI 96835 | C | no service rendered |

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

| F,SP,DC,JT | BUSINESS NAME AND ADDRESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
|------------|---|---|--------------------|------------------------|
| F | Colleen Hanabusa, ALLLC 1157 Fort Street Mall Honolulu, HI 96813 | law practice | member-managed | 100% |
| F | Hanabusa Limited Partnership 1157 Fort Street Mall Honolulu, HI 96813 | land holding | limited partner | 17% of partnership |
| F | Hanabusa, Inc. 1157 Fort Street Mall Honolulu, HI 96813 | managing partner for Hanabusa Limited Partnership | shareholder | 52 shares |
| F | CRC, Inc., 1157 Fort Street Mall Honolulu, HI 96813 | automotive parts store (closed 5/03) | shareholder | 1000 shares |

☐ Check here if entry is None

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☐ Check here if entry is None
☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

| F, SP, DC, JT | BUSINESS NAME AND ADDRESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
|---------------|---|--|--------------------|------------------------|
| F | Lenakona Development Ltd. P.O. Box 90779 Honolulu, HI 96835 | rental of real property and commercial buildings | shareholder | .68% |

☐ Check here if entry is None
☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

| F,SP, DC,JT | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD | DATE OF TRANSFER |
|----------------|--|------------------|
| | | |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

| F,SP, DC,JT | NAME OF CREDITOR | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
|----------------|--|--|--------------------|
| F | Central Pacific Bank, main branch 220 S. King St. Honolulu, HI 96813 | G (accommodation mortgage - filer's portion only) | G |
| F | Central Pacific Bank, main branch 220 S. King St. Honolulu, HI 96813 | C | C |

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

| F,SP, DC,JT | NAME AND ADDRESS OF BUSINESS | TITLE HELD | TERM OF OFFICE | ANNUAL COMPENSATION |
|----------------|---|---------------------------|----------------|---------------------|
| F | Colleen Hanabusa, ALLLC, 1157 Fort Street Mall, Honolulu 96813 | member-managed | n/a | See Item 1. |
| F | Hanabusa Limited Partnership, 1157 Fort Street Mall, Honolulu 96813 | partner | n/a | See Item 1. |
| F | Hanabusa, Inc., 1157 Fort Street Mall, Honolulu, HI 96813 | Pres/Treas/Dir | n/a | See Item 1. |
| F | CRC, Inc., 1157 Fort Street Mall, Honolulu, HI 96813 | Pres/VP/Sec/ Treas/Dir | n/a | none |

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F,SP, DC,JT | STREET ADDRESS | TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | VALUE |
|----------------|----------------|--|-------|
| | | | |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F,SP, DC,JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF CONSIDERATION PAID | NAME OF PERSON RECEIVING THE CONSIDERATION |
|----------------|---|--|--|
| | | | |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F,SP, DC,JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF CONSIDERATION RECEIVED | NAME OF PERSON FURNISHING THE CONSIDERATION |
|----------------|---|--|---|
| | | | |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

| NAME OF CLIENT | NAME OF STATE AGENCY |
|--|---|
| Colleen Hanabusa (self, no compensation, for disclosure purposes only) | State Land Use Commission |
| Manual Mattos | Employment Retirement System |
| Pila'a 400, LLC, Pflueger Properties and James Pflueger | Department of Land and Natural Resources |
| Blake Kunimoto | Department of Commerce and Consumer Affairs |

[] Check here if entry is None [] Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

| F,SP,DC,JT | NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE |
|------------|------------------------------|--------------------|--|------------------|
| | | | STATE OF HAWAII STATE ETHICS COMMISSION | 06 MAY 31 P 3:39 |

[☒] Check here if entry is None [] Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE